

Brigham City Police Department

COMMUNITY ORIENTED POLICING NEIGHBORHOOD SURVEY

Date: _____

1. How safe is it for you to walk in your neighborhood after dark?

Very Safe Safe Somewhat Safe Unsafe Very Unsafe

2. Please identify your primary concerns regarding CRIMINAL activity in your immediate neighborhood / street. (Use number 1 as your HIGHEST concern.)

Violent Crime Thefts Gangs

Vandalism Narcotics

Other: _____

Where? _____

Where? _____

3. Please identify your primary concerns regarding NUISANCE activity in your immediate neighborhood / street. (Use number 1 as your HIGHEST concern.)

Traffic Transients

Loud Parties Junk/Yard Cars

Run Down Buildings

Other: _____

Where? _____

Where? _____

4. What problem would you want solved FIRST in your neighborhood? (Please select ONE category only.)

Abandoned Cars Gangs

Graffiti Illegal Vendors

Juveniles Loud Parties

Narcotics Pan Handlers

Prostitution Public Drinking

Stray Animals Traffic

Transients Vandalism

Other: _____

Where? _____

Where? _____

Comments: _____

5. How satisfied are you with the service provided by the Brigham City Police Department?

Very Satisfied Satisfied Somewhat Satisfied Unsatisfied Very Unsatisfied

Explain: _____

Would you be willing to participate in any of the following Community Partnership programs?

Neighborhood Watch

Name: _____

Block Captain

Address: _____

Citizens Police Academy

Civilian Volunteer

Phone: _____

Volunteers in Police Service (VIPS)

The Best Time to Call is: _____

Thank you for your participation. Please return your completed survey to the following address:

Brigham City Police Department
Attn: Jean Reed
20 North Main
Brigham City, UT 84302